



# STATEMENT OF ORGANIZATION INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>00136916-50</u>		2. Type of Filing <input checked="" type="checkbox"/> 2a. Original <input type="checkbox"/> 2b. Amendment to item(s)# 2c. Date Change(s) Took Place _____ Month                  Day                  Year	
3. Full Name Of Committee (Must include Sponsor or Affiliate) <u>Fouts Lies to You</u>		3a. Acronym or Abbreviation (If any) <u>FLY</u>	
3b. Name of Sponsor or Affiliate: <u>Kevin S. Kungel</u>		3c. Are you a Separate Segregated Fund (SSF)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign			
4. Committee Mailing Address (May be P.O. Box): <u>5960 14 Mile Road, Warren, MI 48092</u>			
4a. Committee Street Address (May not be P.O. Box) <u>5960 14 Mile Road, Warren, MI 48092</u>			
5. Date Committee Was Formed (In Michigan) Mo <u>11</u> Day <u>6</u> Year <u>00</u> 6. Committee Area Code and Phone Number <u>(810) 268-9088</u>			
7. Name and Mailing Address of Committee Treasurer <div style="display: flex; justify-content: space-between;"> <div> <u>Kungel</u> Last Name         </div> <div> <u>Kevin</u> First Name         </div> <div> <u>S. 5960 14 Mile Road, Warren</u> M. I.    Street Address or P. O. Box    City         </div> <div> <u>MI 48092</u> State    Zip Code         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Area Code and Phone ( <u>810</u> ) <u>268-9088</u></div> <div>Driver License # (Optional) _____</div> </div>			
8. Type of Committee (Please check one box) <input checked="" type="checkbox"/> Political Committee <input type="checkbox"/> Independent Committee			
9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <div style="display: flex; justify-content: space-between;"> <div> <u>Kungel</u> Last Name         </div> <div> <u>Kevin</u> First Name         </div> <div> <u>S.</u> M.I.         </div> <div> <u>5960 14 Mile Road,</u> Street Address         </div> <div> <u>Warren</u> City         </div> <div> <u>MI</u> State         </div> <div> <u>48092</u> Zip Code         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Area Code and Phone ( <u>810</u> ) <u>268-9088</u></div> <div>Driver License # (Optional) _____</div> </div>			
10. <input type="checkbox"/> REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the \$1 amount received for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>25141 HOOVER</u> Name <u>Motor City C.U.</u> Street Address <u>11611 13 Mile</u> City <u>Warren</u> State <u>MI</u> Zip Code <u>48089</u>			
11b. Secondary Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____			
12. Complete if committee is being registered to support or oppose specific candidates. <div style="display: flex; justify-content: space-between;"> <div>           Candidate Name  <u>James R. Fouts</u> </div> <div>           Office Sought  <u>Warren City Council</u> </div> <div>           County of Residence  <u>Macomb</u> </div> <div>           Party (if any)            _____         </div> </div>			
13. Complete if committee is being registered to support or oppose specific ballot proposals. Ballot Proposal: _____ If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Statewide    <input type="checkbox"/> Multi-County _____         </div> <div> <input type="checkbox"/> County _____         </div> <div> <input type="checkbox"/> Local _____         </div> </div>			
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>           Current Treasurer  <u>Kevin S. Kungel</u>            Type or Print Name         </div> <div> <u>[Signature]</u>            Signature         </div> <div>           Date <u>11</u> <u>6</u> <u>00</u>            Mo.    Day    Year         </div> </div>			